

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	1-2	32	3/9
FORMALITY REVIEW	Sd	555	3/20/61
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	Original
2	Final
3	✓
4	✓
5	✓
6	✓✓✓✓
7	NNNN
8	✓✓✓✓
9	✓✓✓✓
10	NNNN
11	✓✓✓✓
12	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here